

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						SERIAL NO. APPLICANT	FILING DATE					
9-16-03 10000						CLAIMS						
AS FILED		AFTER 1ST NODAL CHG		AFTER 2ND NODAL CHG			NO.	OCP.	NO.	OCP.	NO.	OCP.
NO.	OCP.	NO.	OCP.	NO.	OCP.							
1	1	1	1	1	1		61					
2	1	1	1	1	1		62					
3	1	1	1	1	1		63					
4	1	1	1	1	1		64					
5							65					
6							66					
7	1	1	1	1	1		67					
8	1	1	1	1	1		68					
9	1	1	1	1	1		69					
10	1	1	1	1	1		70					
11	0	0	0	0	0		71					
12	1	1	1	1	1							
13	1	1	1	1	1							
14	3	3	3	3	3							
15	1	1	1	1	1							
16	1	1	1	1	1							
17	1	1	1	1	1							
18	3	3	3	3	3							
19	3	3	3	3	3							
20	3	3	3	3	3							
21	3	3	3	3	3							
22	1	1	1	1	1							
23	1	1	1	1	1							
24	3	3	3	3	3							
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TOTAL NO.	1	1	1	1	1		TOTAL NO.	1	1	1	1	1
TOTAL OCP.	12	12	12	12	12		TOTAL OCP.	12	12	12	12	12
TOTAL TOTAL	24	10	10	10	10		TOTAL TOTAL	24	10	10	10	10